

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1957

318

1003

STATE FILE NUMBER

38305

9403

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis 2159 OR 0	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Geitner Home 5000 S. Broadway				Length of stay in lb 10 yrs.		d. STREET ADDRESS (If outside, give location) 5000 S. Broadway	
3. NAME OF DECEASED (Type or print) First Amalia Middle -- Last Warmbrodt				4. DATE OF DEATH October 8, 1957 Month October Day 8 Year 1957			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 8, 1869	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0		IF UNDER 24 HRS. Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Sundhoffen, Alsace-Lorraine U S A	
12. CITIZEN OF WHAT COUNTRY? U S A							
13. FATHER'S NAME Lorenz Lang				14. MOTHER'S MAIDEN NAME Salome Zimmerlin			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Wm. E. Warmbrodt 511 Wilmington ave.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis DUE TO (b) General arteriosclerosis DUE TO (c) ----- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 332+							INTERVAL BETWEEN ONSET AND DEATH 7 days 2-4 years
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour ----- Month, Day, Year a. m. ----- p. m. -----							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Sept. 16, 1957 to Oct. 8th, 1957 and last saw her alive on Oct. 3rd, 1957 Death occurred at 10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Ernest Younger, M.D.				22b. ADDRESS 3624 Russell		22c. DATE SIGNED 10-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 11, 1957		23c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery		23d. LOCATION (City, town, or county) (State) Oakville, St. Louis Co. Mo.	
24. FUNERAL DIRECTOR C. Hoffmeister Mortuaries 7814 S. Broadway				25. DATE RECD. BY LOCAL REG. OCT 9 '57		26. REGISTRAR'S SIGNATURE Carl Smith M.D. mdb	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Levin C. Hoffmann

Licensed Embalmer No. 387

P. O. Address 7814 8th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.